

NSLS Facility Risk Assessment

Name(s) of Risk Team Members:				Point Value → Parameter ↓	1	2	3	4	5
Area/Facility Description Title:				Occupancy or Use	≤once/year	≤once/month	≤once/week	≤once/shift	>once/shift
Area/Facility # (if applicable): LS-FRA-									
Area/Facility Description:				Severity	First Aid Only	Medical Treatment	Lost Time	Partial Disability	Death or Permanent Disability
				Likelihood	Extremely Unlikely	Unlikely	Possible	Probable	Multiple
Approved by:	Date:	DRAFT	Rev. #:						
Reason for Revision (if applicable):							Comments:		

		Before Controls					After Initial Controls					After Additional Controls					
Physical Item or Activity	Hazard(s)	Occupancy A	Severity B	Likelihood C	Risk* AxBxC	Initial Controls	Occupancy A	Severity B	Likelihood C	Risk* AxBxC	Control(s) Added to Reduce Risk	Occupancy A	Severity B	Likelihood C	Risk* AxBxC	% Risk Reduction	
Further Description of Controls Added to Reduce Risk:																	
*Risk:	0 to 20 Negligible	21 to 40 Acceptable				41 to 60 Moderate				61 to 80 Substantial				81 or greater Intolerable			